

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024661

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 3103

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4408 Elmwood		d. STREET ADDRESS (If outside, give location) 4408 Elmwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEO Middle H. Last WALDEN		4. DATE OF DEATH Month May Day 29 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1888 9. AGE (last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Skelly Oil Co.	
11. BIRTHPLACE (City and state or country) Carrollton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry C. Walden		13b. MOTHER'S MAIDEN NAME Lillie Brown	
14. NAME OF HUSBAND OR WIFE Lois B. Walden		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Margery L. May 4408 Elmwood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis - generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] DUE TO (c) [REDACTED]		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED] Month, Day, Year [REDACTED]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]		20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 1950 to 1963 and last saw her alive on Jan 1963 Death occurred at 12 Noon on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James E. Griffin, M.D. 22b. ADDRESS 3900 Paces KCMo 22c. DATE SIGNED 9/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-3-1963 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 5-31-63 26. REGISTRAR'S SIGNATURE Ruth Long	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JAMES E. GRIFFIN, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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Dr James E. Bruffin
3900 Paseo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

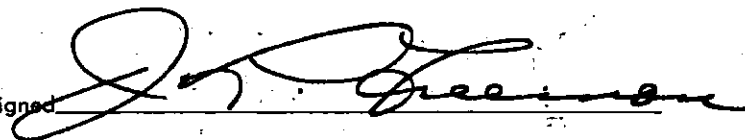
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No.

2939

P. O. Address

F.C. 540.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.